

They're Having a Baby: Providing Family-Centered Care to the Transgender Community

Introduction/Problem

“While programs that provide health care for transgender people have grown in recent years, the healthcare system has failed to adapt to address the need of transgender men who wish to become pregnant, or who have become pregnant.”

~Makadon & Obedin-Maliver

Aim/Goal

- Discuss education and implementation of creating a gender affirming childbirth experience.
- Understand the role of the healthcare provider in the obstetrical care setting.
- Describe ways to create an affirming environment that meets the needs of all patients.

The Team

- Kimberley Campbell, BSN, RNC-OB, Meghan Dalton, MSN, RN, Elizabeth Kester, MSN, RN, Beth Israel Deaconess Medical Center, Rebekah Viloria, MD, Obstetrician & Gynecologist, Fenway Health

The Interventions

- Comprehensive multidisciplinary education provided to all staff including nurses, administrative assistants, birth registrar, physicians, anesthesiologists, NICU providers, environmental and food services.
- Assessment and modification of physical space, such as changing unit signage to be gender non-specific on patient showers and restrooms; e.g., gender inclusive signage for baby cribs and “parent” spaces.
- Revise documentation/forms to be gender neutral (e.g., replace the word “Mother” with “Parent”).
- Revise branding and casual reference of unit from Mother Baby unit to more all-inclusive name.
- Organizational awareness and mission to deliver “Human First” care to all patients. For example, providing a free movie screening of “Suited”, a documentary telling the story of a Brooklyn tailoring company helping members of the LGBTQ community look the way they feel.

Educate



Implement



Affirm



Family-centered
gender inclusive
care

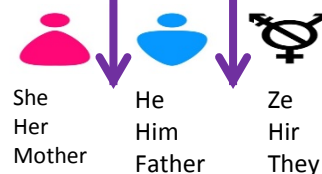
Education

Lesbian, gay, bisexual, transgender, and queer/questioning refers to a person's sexual orientation and/or who they choose to be sexually intimate with. For many, this is a continuum and defining one preference is not a personal priority. Transgender refers to the gender a person identifies themselves with that is different than their assigned sex (chromosomal or genitalia) at birth. Gender dysphoria is the discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and secondary sex characteristics). Transgender patients that have undergone, or who desire to undergo, gender affirming surgical masculinizing procedures may have unique clinical and emotional needs to consider (due to gender affirming expression, hormone therapy, or surgery). For example, infant feeding choices may be impacted for

patients that have chosen to chest feed after “top surgery” (contoured mastectomy). Transmen who have experienced pregnancy often feel isolated with varying degrees of gender dysphoria. Healthcare providers should screen for depression and provide gender inclusive support. Consideration and preparation for the increased risk of post-partum depression and feelings of isolation should occur.

Examples of how to use these pronouns

*I am her sister.
I am his sister.
I am hir sister.
I am eir sister.*



Affirm

What you say matters. Respectfully seeking information to understand and honor which pronouns (he, she, they) the patient refers to themselves by. Proper use of pronouns and gender-neutral language by health care team provides a positive experience. For example, avoid the use of the words “Miss” or “Sir” when greeting a patient to the unit.

Just ask! Commonly used pronouns and gender identifying words should not be assumed for patients or their baby. Clarify with the parent(s) which pronouns to use when addressing them is one way to affirm their choice and to ensure that culturally sensitive care is being provided.



For more information, contact:

Elizabeth Kester, MSN, RN Director of Nursing Labor and Delivery



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

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